PRINTED: 12/19/2018 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6008213 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET **SANDWICH REHAB & HCC** SANDWICH, IL 60548 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint 1817291/IL107157 investigation \$9999 Final Observations S9999 Statement of Licensure Violation 300.610a) 300.1210b)3) 300.1210d)2)3) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

b) The facility shall provide the necessary care

and services to attain or maintain the highest practicable physical, mental, and psychological

well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

12/11/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: C B. WING _ IL6008213 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET **SANDWICH REHAB & HCC** SANDWICH, IL 60548 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6008213 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET **SANDWICH REHAB & HCC** SANDWICH, IL 60548 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations were not met as evidence by: Based on interview and record review the facility failed to treat a urinary tract infection and failed to ensure a urinalysis test was obtained in a timely manner. This applies to 1 of 3 residents (R2) reviewed for urinary tract infections and laboratory services in the sample of 3. This failure resulted in R2 having to be sent to the local emergency room to be treated for sepsis. The findings include: R2's November 2018 Physician Order Sheet (POS) shows diagnoses including history of UTIs (urinary tract infections), history of sepsis, dementia, and diabetes mellitus. R2's cumulative diagnosis log shows additional diagnoses of anemia, coronary heart disease, and history of cystitis. R2's July 14, 2018 POS shows an order for a foley (indwelling) catheter related to urinary retention. The facility infection control log was reviewed for the last three months and showed R2 experienced UTIs on August 5, September 20, and November 14, 2018.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6008213

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

902 EAST ARNOLD STREET

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		
	R2's progress notes dated September 12, 2018 stated: c/o (complaint) of burning at catheter. Note to MD (medical doctor) to notify of this. C/O lower body pain. New order received per (MD) for UA/C&S (urinalysis/culture and sensitivity - a laboratory test of urine to determine presence of infection and organism involved).			
	R2's progress notes dated September 15, 2018 stated: UA reordered. VS-100.3 (vital sign temperature of 100.3 degrees Fahrenheit).			
	R2's progress note dated September 17, 2018 stated: patient urine for UA/C&S collected, ready for pickup.			
	R2's progress note dated September 19, 2018 stated: patient didn't sleep well, C/O discomfort and burningin painfoley (catheter) intact with dark urine. T99.7 (temperature 99.7 degrees Fahrenheit).			
	R2's progress notes dated September 20, 2018 stated: New T.O. (telephone order) Keflex 500 mg p.o. x 10 days. Urine cloudylarge amount foul smelling milky drainage. Catheter flush attempted-Unable. D/C'ed (discontinued) with clumps noted at end of catheternew catheter insertedyellow then purulent (drainage indicative of infection) and bloody with small clots then purulent yellow.			
	R2's progress notes dated September 21, 2018 stated: R2 continued with a high temperature of 100.2 degrees F and catheter with white sediment and blood clots. Small amounts of sediment and light brown tinged urine off and on. R2's September 22, 2018 progress note shows R2 was admitted to the local hospital emergency room with a diagnosis of sepsis.			

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6008213	B, WING			C 16/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SANDWICH REHAB & HCC 902 EAST ARNOLD STREET SANDWICH, IL 60548							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
S9999	Continued From pa	ge 4	S9999				
	order dated Septemtest. R2's medical chart order dated Septem Keflex (antibiotic) 5 R2's laboratory residate of September initial order was plated and R2's September 18 report showed positiand R2's September 18	showed a telephone doctor ober 12, 2018 for a UA/C&S showed a second telephone ober 20, 2018 (8 days later) for 00 mg TID x 10 days. Let show a specimen collect 17, 2108 (5 days after the ced). July 2018 preliminary laboratory tive for urinary tract infection of 20, 2018 final laboratory organism responsible for the					
	Sheet shows the Ke	18 Medication Administration eflex was finally begun on 8, (9 days after symptoms				;	
	of Nurses) stated in long lag between the began and the time administered. V2 satisfies symptoms of a uring lag time. V2 said Resintermittent fevers, the facility was wait stated waiting nine too long. V2 (Direct service is horrible, it test request was seen September 12, 2 have picked up the but they never did.	2018 at 11:25 AM, V2 (Director September 2018, R2 had a se time her UTI symptoms an antibiotic was finally aid R2 was showing signs and ary tract infection during the 22 continued to have cloudy urine, and pain while ing for laboratory results. V2 days to begin treating a UTI is or of Nurses) stated, "Our lab norrible!" V2 stated R2's urine nt to the outside lab company 2018. V2 stated they should urine sample within 24 hours V2 said facility staff called the ptember 13th and questioned					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
IL6008213		B, WING		C 11/16/2018				
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE	11.0			
SANDWICH REHAB & HCC 902 EAST ARNOLD STREET SANDWICH, IL 60548								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
S9999	Continued From pa	ge 5	S9999					
	when they would ar sample. V2 and the would be there on a she came in to work urine sample was sphoned the lab comurine still not picked promised it would be 16th. V2 said on the up and she again p spoke with the lab supervisor "finally" up a freshly obtained V2 said the lab "drown should have taken to 72 hours and a fin same time frame. On November 15, 2 (Administrator) state assessed and treat possible. V1 said the V1 stated UTIs left progress into sepsificallure. V1 stated with the increases the introughout the body lab samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them out or samples should possible and there is sending them.	rive to pick up the urine lab company "promised" they either the 13th or 14th. V2 said k on September 15th and the still in the facility. V2 said she apany and "threw a fit" over the dup. V2 said she was be picked up on September to 16th it had not been picked shoned the lab company and supervisor. V2 said the lab came to the facility and picked durine sample on the 17th. Apped the ball" and it never that long for lab services. V2 eport should be back within 48 nal report available within the lab came to the facility and picked within the lab came to the facility and picked and urine sample on the 17th. Apped the ball and it never that long for lab services. V2 eport should be back within 48 nal report available within the lab came to the part available within the lab came to the potential to so, kidney damage, and organialting an extended length of risk for an infection to spread by V1 (Administrator) stated be picked up as soon as should not be any delays in rigetting the results. V1 said ed up within four to six hours						
2	(CAUTI) guidelines symptoms of CAUT 100.4 degree F (or	ed Management of d Urinary Tract Infections show: Assess for signs or I (such as) fever greater than an increase of 1.5 degree F w costovertrebral (lower back)		12		:		

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